Environmental
Protection Agency
John R. Kasich, **Governor**
Mary Taylor, **Lt. Governor**
Scott J. Nally, **Director**

DDGW0H7945012 2

February 6, 2012

NOTICE OF VIOLATION – ACTION

Curt Glazer
Camp Zimmerman
P.O. Box 656
Gnadenhutten, OH 44629

Tuscarawas County
Camp Zimmerman
Non-Community, Transient PWS
PWS ID: OH7945012

Subject: Violation of Total Coliform Maximum Contaminant Level (MCL) During January 2012 (Monthly)

Camp Zimmerman is in violation of the Maximum Contaminant Level (MCL) for Total Coliform established by Ohio Administrative Code (OAC), Rule 3745-81-14. Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful bacteria may be present.

ACTION REQUIRED:

1. **Investigate and eliminate the cause of bacterial contamination**. Special purpose samples may be collected to investigate the source of contamination or to verify elimination of the problem (these samples cannot be collected to comply with monitoring or MCL requirements; label samples as "special purpose").

2. **Notify the people served by this water system**. Within 30 days issue the enclosed public notice in accordance with OAC, Rule 3745-81-32 by the following method(s) to reach all persons served.

    - Posting in conspicuous locations, such as bulletin boards, restrooms, drinking fountains, vending areas;
    - Posted notices must remain in place for as long as the violation exists, but in no case for less than seven days (even if the violation is resolved). The language in italics on the enclosed public notice is mandatory and must be included, as written. Do not make changes to the public notice without consulting with Ohio EPA beforehand.

3. **Complete the enclosed verification form within 10 days of issuing the Public Notice** and mail it to Ohio EPA - SEDO. Include a copy of each notice distributed, published or posted.

Southeast District Office
2195 Front Street
Logan, OH 43138-8637

740 | 385 8501
740 | 385 6490 (fax)
www.epa.ohio.gov

4. **Monitor with at least five (5) routine samples** in the month following a routine total coliform-positive result in accordance with OAC, Rule 3745-81-21(B)(7).

If you have any questions, contact me at this office at 740-380-5299.

Sincerely,

Michael Carper
Environmental Specialist II

MC/cb

Enclosures: Tier 2 Public Notification
Public Notice Instructions and Verification Form

cc: Tuscarawas County Health Department
District File Copy

PUBLIC NOTICE - DRINKING WATER WARNING

Tests show coliform bacteria in Camp Zimmerman water

We routinely monitor for the presence of drinking water contaminants. We took **9** samples for coliform bacteria during **January 2011**. **5** of those samples showed the presence of coliform bacteria. No more than *1 sample per month* may show the presence of coliform bacteria during a month.

What should I do?

- *You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor. People with severely compromised immune systems, infants, and some elderly people may be at increased risk. These people should seek advice about drinking water from their health care providers.*
- *Total coliform bacteria are generally not harmful themselves. Usually, coliforms are a sign that there could be a problem with the systems treatment or distribution system.*
- *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems. Fecal coliform or E. coli, which are bacteria of greater concern, were not detected in the water.*

What is being done?

We are still detecting coliform bacteria. We are investigating and taking the necessary steps to correct the problem as soon as possible.

For more information, please contact _____ at _____
name of contact phone number

or at _____.
mailing address

General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1(800) 426-4791.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

PWS ID: OH7945012	Date this public notice was distributed:

PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR NON COMMUNITY PUBLIC WATER SYSTEMS WITH TIER 2 VIOLATIONS

The owner or operator of a non community public water system with a Tier 2 violation or situation shall notify the persons served by the public water system as soon as practical but **no later than 30 days** after the system learns of the violation. Public notice shall be repeated every 3 months as long as the violation or situation persists.

I HEREBY CERTIFY THAT THE PUBLIC WAS NOTIFIED BY THE FOLLOWING METHOD(S) INDICATED BELOW, AS DESCRIBED IN THE OHIO ADMINISTRATIVE CODE RULE 3745-81-32:

Required Method of Public Notification	Actual Method of Public Notification
Use one or more of the following methods to reach all persons served by the public water system: 1. Public notice issued by posting in conspicuous locations throughout the distribution system (required to remain posted for as long as the violation exists, but in no case less than 7 days 2. Public notice issued by mail or other direct delivery to each customer and service connection (where known).	**Describe actual methods used to notify public of the violation:** 1A. Dates of posting _____ 1B. Locations of posting _____ _____ _____ 2. Date of mailing/delivery _____
If the above methods do not reach all persons served, also use any other method reasonably calculated to reach other persons served by the system (e.g. publication in a local newspaper or newsletter, use of e-mail to notify employees or students, or delivery of multiple copies to central locations).	A. Method(s) _____ _____ _____ B. Date(s) _____

Please indicate below what public notice was used. INCLUDE A COPY OF THE PUBLIC NOTICE.

____ A public notice as provided was issued without changes.

____ A different public notice was issued.

_____
Signature of Responsible Person Date

_____
Printed Name and Title of Responsible Person

Camp Zimmerman
OH7945012
Tuscarawas County
January 2012
Total Coliform Monthly MCL (Vio. Type 22)
Vio Id: 2

For Ohio EPA Use Only:
Date PN received: _____
PN acceptable: _____ **PN not acceptable:** _____